SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	: :	35	OF	113	
l	(che	ck only	or	ne)						
l	X	11a		11b		11c		11	d	_
l		12		13a		13b		14		15

	d Statements may not be sold or used by any pe the name and address of any political committee					
NAME OF COMMITTEE (In Full) DR BRIAN BABIN FOR CON	GRESS					
Full Name (Last, First, Middle Initial) Ms. Dixie Jarrott Mailing Address page 1848	Date of Receipt					
Mailing Address PO Box 813	05 05 2014 _					
City Woodville	State Zip Code TX 75979	Transaction ID : SA11AI.5769				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer Jarrott Pharmacy, Inc.	Occupation Co-Owner	250.00				
Receipt For: 2014 Primary General Other (specify) Runoff	Election Cycle-to-Date					
Full Name (Last, First, Middle Initial) Arthur H Jeske Mailing Address PO Box 300511	Date of Receipt					
City Houston	State Zip Code TX 77230-0511	05 05 2014 Transaction ID : SA11AI.5771				
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period				
Name of Employer UTH	Occupation Professor/Dean	200.00				
Receipt For: 2014 Primary General Other (specify) Runoff	Election Cycle-to-Date 400.00					
Full Name (Last, First, Middle Initial) Andy B. Jordan	Date of Receipt					
Mailing Address 105 Sand Hills	04 30 / Y Y Y Y Y Y					
City Lufkin	Transaction ID : SA11AI.5779					
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period				
Name of Employer Self	Occupation Dentist	500.00				
Receipt For: 2014 Primary General Other (specify) Runoff	Election Cycle-to-Date					
SUBTOTAL of Receipts This Page (optional)		950.00				
TOTAL This Period (last page this line numb	er only)					